

organic lesions, effect of imagination—that is, psychical and mental causes, common hysteria and chorea, and ordinary infantile paralysis or reflex or rachitic paralysis. He resorts to the following hypothesis, which he himself acknowledges as frail, namely : a depression of the coördinating centre of the function of the muscles which maintain the body in an erect position and enter into the act of walking.

The strangest part of this clinical history is the rapid restoration of the patient after a dose of *nux vomica*. He immediately arose and went to the house of the physician to thank him for his healing. The people cried a miracle. The physician regarded it as a case of mental impression.

This peculiar and interesting clinical history offers material for speculation, which we will leave to the reader. We only wish to point out its contrasting similarity to those cases of saltatory spasm in which the victims jump from the floor as soon as their feet touch it—an explosion of nerve force; while this shows the reverse—an absence of nerve force brought about by a like condition.

The Thickness of the Cerebral Cortex in Man. A. Conti. (*Giornale della Regia Accademia di Medicina di Torino*, 1884.) *Lo Sperimentale*, June, 1885.

The measurements have been made anew to determine the thickness of the cerebral cortex in different parts of the brain, with reference to age and sex and to the gray substance of the ganglia. The researches have been made on fresh brains well preserved, carefully weighed, and every precaution taken to avoid error. From the result of the observations made on twenty brains, eleven men and nine women, were deduced the following conclusions :

1. That the thickness of the gray substance of the brain diminished with the increase of the age in each portion of the cerebral cortex.

2. That in the same section this thickness varied in the external surface, the internal and inferior of the hemisphere.

3. The thickness of the cortex is greater on the internal surface in youth, and on the external surface in the adult and old.

4. The thickness of the cortex which limits the fissure of Rolando is greatest at the anterior portion, least at the posterior.

5. The maximum thickness is about the fissure of Rolando and exactly at the apex and at the division of the ascending frontal convolution.

6. The cerebral cortex has a minimum thickness at the depth of the fissure.

While these observations are of great interest, it is to be regretted that a wider number of them had not been made before the above conclusions were deduced.

The Color-Sense in the Syphilitic. S. Ottolenghi and A. Conti. Quoted in *Lo Sperimentale*, June, 1885.

Examination was made of 310 patients in the dispensary and wards of a Turin hospital, and the following conclusions were reached :

That true discromatopsia is not more frequent in the syphilitic than in others ; that after syphilis the retina, optic nerve, and cerebral centre for the perception of color are often affected ; the disturbance is functional, and should not be confounded with true congenital discromatopsia.

That although the proportion of cases of color-blindness found in constitutional syphilis those in the tertiary period would be relatively greater than those in the secondary, nevertheless they were unable to believe in a true discromatopsia or acquired blindness to color following syphilis.

The Slow Bulbar Pulse. By Rusconi. *Gazetta degli Ospitali*, April 15, 1885.

The pulse which falls below sixty beats per minute ceases to be physiological. Some writers maintain that the number of individuals whose pulse is below sixty and even fifty is greater than is generally believed.

Napoleon I., for example, had a pulse of forty-five per minute.

The slowing of the pulse is observed in many convalescing from typhoid fever, acute articular rheumatism, small-pox, etc. Blot has called attention to the slowing of the pulse in the puerperal state. The pulse is also slowed in acute meningitis, when cerebral tumors are present, in cerebral excitation, and during epileptiform and fainting attacks. Examples are not wanting to show the lowering of the pulse to a limit which seemed incompatible with existence. Rotureau saw a pulse descend to sixteen, Teissier and Boyce to fourteen, Tripiet to twelve, Portal to ten. This slowing of the pulse was accompanied by slight dyspnoea and fall of temperature.

In various cases of slow pulse, auscultation of the heart gave contradictory results ; sometimes negative, very frequently fatty infiltration of the heart muscle. Lasègue found a light systolic murmur at the apex ; Teissier and Cornil a doubling of the second sound, as also Bondet and Bardum. Cases, too, are on record where there have been two beats of the heart to one of the radial pulsation. The tracing of the pulse has shown an abortive pulsation. Tripiet thinks that the greater number of cases of slow pulses depend upon an intermittance of heart's beat or an abortive pulsation. Many cases are recorded of slow pulses which have become a physiological habit. They are unaltered by change of position of the body or by elevation of temperature. Girin observed in a sick person that the pulse fell, on account of a moral cause, to 30.

In general, those who have a slow pulse suffer from attacks of vertigo, cloudiness of the brain, syncope, epileptic convulsions without aura. At the moment of the crisis the pulse falls even more ; Boyce has seen it wanting for fifteen seconds. Sometimes